

Pro Se 7 (Rev. 09/16) Complaint for Employment Discrimination

## UNITED STATES DISTRICT COURT

for the

Northern District of Alabama

2023 JAN 13 PM 01:11

U.S. DISTRICT COURT  
N.D. OF ALABAMA

Case No.

2:23cv53-JHE

(to be filled in by the Clerk's Office)

Bianca Lois Washington

Plaintiff

(Write your full name. No more than one plaintiff may be named  
in a pro se complaint.)

-v-

Jury Trial: (check one) ☐ Yes ☐ NoAspire Physical Recovery Center at Hoover, LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the  
names of all the defendants cannot fit in the space above, please  
write "see attached" in the space and attach an additional page  
with the full list of names.)

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if  
needed.

Name

Jonathan Wade

Street Address

Administrator

City and County

State and Zip Code

Telephone Number

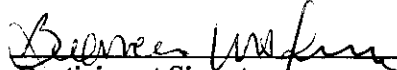
1(919) 270-3277

E-mail Address

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☒ Check here to receive electronic notice through the email listed above. By checking this box, the undersigned consents to electronic service and waives the right to personal service by first class mail pursuant to Federal Rules of Civil Procedure 5(b)(2), except with regard to service of a summons and complaint. The Notice of Electronic Filing will allow one free look at the document, and any attached PDF may be printed or saved.

12/7/2022  
Date

  
Participant Signature

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

### Defendant No. 1

Name  
Job or Title (*if known*)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (*if known*)

Jonathan Wade  
Administrator

251 (919) 270-3277

### Defendant No. 2

Name  
Job or Title (*if known*)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (*if known*)

Sheri Taylor  
Director of Nurses (DON)

(678) 334-4638

### Defendant No. 3

Name  
Job or Title (*if known*)  
Street Address  
City and County  
State and Zip Code  
Telephone Number  
E-mail Address (*if known*)

Paisley Johnson  
Charge Nurse (RN)

(256) 289-1351

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## Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

## C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name

Street Address

City and County

State and Zip Code

Telephone Number

Aspire Hoover Physical Recovery Center LLC  
 575 Southland Drive  
 Hoover AL 35226 Jefferson  
 AL, 35226  
 (205) 721-6200

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*



Other federal law *(specify the federal law)*:

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☐ Relevant state law *(specify, if known)*:

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☐ Relevant city or county law *(specify, if known)*:

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts *(specify)*: 

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*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  

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C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain):*

- |                                     |  |   |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | race   | _____   |
| <input checked="" type="checkbox"/> | color  | _____   |
| <input type="checkbox"/>            | gender/sex   | _____   |
| <input type="checkbox"/>            | religion   | _____   |
| <input type="checkbox"/>            | national origin  | _____   |
| <input type="checkbox"/>            | age <i>(year of birth)</i>                                     | _____ <i>(only when asserting a claim of age discrimination.)</i> |
| <input checked="" type="checkbox"/> | disability or perceived disability <i>(specify disability)</i> | _____   |

E. The facts of my case are as follows. Attach additional pages if needed.

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)* \_\_\_\_\_.

B. The Equal Employment Opportunity Commission *(check one):*

- ☐ has not issued a Notice of Right to Sue letter.
- ☐ issued a Notice of Right to Sue letter, which I received on *(date)* \_\_\_\_\_.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (*check one*):

- ☐ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

## V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

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## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.


### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1/13/23

Signature of Plaintiff

Printed Name of Plaintiff

  
 Bianca Washington

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**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b>  This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: <b>EEOC</b>  Agency(ies) Charge No(s): <b>420-2022-02464</b>
and EEOC	
<i>State or local Agency, if any</i>	

Name (indicate Mr., Ms., Mrs.) <b>Ms. Bionca Washington</b>	Home Phone <b>205-396-6709</b>	Year of Birth
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Street Address <b>104 Lewis Dr BESSEMER, AL 35023</b>
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Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name <b>Aspire Physical Recovery Center at Hoover, LLC</b>	No. Employees, Members <b>15 - 100 Employees</b>	Phone No.
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Street Address <b>575 Southland Drive HOOVER, AL 35226</b>
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Name	No. Employees, Members	Phone No.
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Street Address	City, State and ZIP Code
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DISCRIMINATION BASED ON  <b>Race</b>	DATE(S) DISCRIMINATION TOOK PLACE  <table border="0"> <tr> <td>Earliest <b>05/28/2022</b></td> <td>Latest <b>08/03/2022</b></td> </tr> </table>	Earliest <b>05/28/2022</b>	Latest <b>08/03/2022</b>
Earliest <b>05/28/2022</b>	Latest <b>08/03/2022</b>		

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  I am an African American. I was hired by the above-named employer on or about September 2021 as a Certified Nursing Assistant (CNA). I performed my duties in a satisfactory manner. On or about May 28, 2022, while at work, I was kicked by Amy Box (White), Registered Nurse, which caused an injury that made me have restrictions for work. When I reported the incident to my employers White leadership, they did not do anything to Amy and even disregarded my complaint as petty, even though there was video of the incident. As a result of my injury and restrictions, I was unable to return to work after my employer told me there were no light duty assignments I could fill and forced me on Workman's Compensation leave. While I was out, I learned that my employer allowed Ashley (LNU), Patient Care Assistant (PCA), who is White, to work while on restrictions. I feel as though I have been discriminated against because of my race (African American), in violation of Title VII, of the Civil Rights Act of 1964, as amended.
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I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.  <b>Digitally Signed By: Ms. Bionca Washington</b>  <b>10/14/2022</b>  <i>Charging Party Signature</i>	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT   SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)